



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**Endo Pharmaceuticals Inc Political Action Committee (ENDO PAC)**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="46016.16"/>	<input type="text" value="46016.16"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="46609.66"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="4072.50"/>	<input type="text" value="8166.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="50682.16"/>	<input type="text" value="54182.16"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="9000.00"/>	<input type="text" value="12500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="41682.16"/>	<input type="text" value="41682.16"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Endo Pharmaceuticals Inc Political Action Committee (ENDO PAC)**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2218.00	3633.34
(ii) Unitemized .....	1854.50	4532.66
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4072.50	8166.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	4072.50	8166.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	4072.50	8166.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4072.50	8166.00

**DETAILED SUMMARY PAGE**

of Disbursements

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9000.00	12500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	9000.00	12500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9000.00	12500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	4072.50	8166.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4072.50	8166.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 11
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Endo Pharmaceuticals Inc Political Action Committee (ENDO PAC)**

Full Name (Last, First, Middle Initial) <b>A. Timothy Byrne</b>			Date of Receipt MM / DD / YYYY 02 / 27 / 2015
Mailing Address 8050 Fair View Lane			<b>Transaction ID : C80170</b>
City Norristown	State PA	Zip Code 19403	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		* Payroll Deduction:	
Name of Employer Endo Pharmaceuticals	Occupation Sr Dir Public Policy	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Robert Cobuzzi Jr.</b>			Date of Receipt MM / DD / YYYY 02 / 27 / 2015
Mailing Address 1822 Masters Way			<b>Transaction ID : C80147</b>
City Chadds Ford	State PA	Zip Code 19317	Amount of Each Receipt this Period 120.00
FEC ID number of contributing federal political committee. C		* Payroll Deduction:	
Name of Employer Endo Pharmaceuticals	Occupation President Endo Ventures Ltd.	Aggregate Year-to-Date ▼ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Donald DeGolyer</b>			Date of Receipt MM / DD / YYYY 02 / 27 / 2015
Mailing Address 293 Fairmount Avenue			<b>Transaction ID : C80159</b>
City Chatham	State NJ	Zip Code 07928	Amount of Each Receipt this Period 333.34
FEC ID number of contributing federal political committee. C		* Payroll Deduction:	
Name of Employer Endo Pharmaceuticals	Occupation Chief Operating Officer, Pharmaceutica	Aggregate Year-to-Date ▼ 666.68	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	703.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 11
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Endo Pharmaceuticals Inc Political Action Committee (ENDO PAC)**

Full Name (Last, First, Middle Initial) <b>A. Rajiv DeSilva</b>		Date of Receipt MM / DD / YYYY 02 / 27 / 2015
Mailing Address 120 Masons Way		<b>Transaction ID : C80116</b>
City Newtown Square	State PA	Zip Code 19073
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.00
Name of Employer Endo Pharmaceuticals	Occupation CEO and President	* Payroll Deduction:
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 832.00	

Full Name (Last, First, Middle Initial) <b>B. Caroline Manogue</b>		Date of Receipt MM / DD / YYYY 02 / 27 / 2015
Mailing Address 302 Keithwood Road		<b>Transaction ID : C80114</b>
City Wynnewood	State PA	Zip Code 19096
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.00
Name of Employer Endo Pharmaceuticals	Occupation EVP Chief Legal Officer	* Payroll Deduction:
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 832.00	

Full Name (Last, First, Middle Initial) <b>C. James Manser</b>		Date of Receipt MM / DD / YYYY 02 / 27 / 2015
Mailing Address 1875 Rampart Lane		<b>Transaction ID : C80131</b>
City Lansdale	State PA	Zip Code 19446
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Endo Pharmaceuticals	Occupation Dir State Government Affairs	* Payroll Deduction:
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1032.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 11
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Endo Pharmaceuticals Inc Political Action Committee (ENDO PAC)**

Full Name (Last, First, Middle Initial) <b>A. James Munroe</b>		Date of Receipt MM / DD / YYYY 02 / 27 / 2015 <b>Transaction ID : C80128</b>
Mailing Address 9447 Brenner Court		Amount of Each Receipt this Period 166.00
City Vienna	State VA	Zip Code 22180
FEC ID number of contributing federal political committee. C		* Payroll Deduction:
Name of Employer Endo Pharmaceuticals	Occupation SVP Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 332.00	

Full Name (Last, First, Middle Initial) <b>B. Laurence Smith</b>		Date of Receipt MM / DD / YYYY 02 / 27 / 2015 <b>Transaction ID : C80136</b>
Mailing Address 9630 Eagle Ridge Dr.		Amount of Each Receipt this Period 166.66
City Bethesda	State MD	Zip Code 20817
FEC ID number of contributing federal political committee. C		* Payroll Deduction:
Name of Employer Endo Pharmaceuticals	Occupation SVP Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.32	

Full Name (Last, First, Middle Initial) <b>C. Suketu Upadhyay</b>		Date of Receipt MM / DD / YYYY 02 / 27 / 2015 <b>Transaction ID : C80126</b>
Mailing Address 1809 Cold Spring Dr		Amount of Each Receipt this Period 150.00
City West Chester	State PA	Zip Code 19382
FEC ID number of contributing federal political committee. C		* Payroll Deduction:
Name of Employer Endo Pharmaceuticals	Occupation EVP & CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	482.66
<b>TOTAL</b> This Period (last page this line number only).....▶	2218.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Endo Pharmaceuticals Inc Political Action Committee (ENDO PAC)**

Full Name (Last, First, Middle Initial)

**A. BOB GOODLATTE FOR CONGRESS COMMITTEE**

Mailing Address P.O. Box 292

City State Zip Code  
Roanoke VA 24002

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Bob Goodlatte**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: VA District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 25 / 2015

**Transaction ID : D827**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. BRADY FOR CONGRESS**

Mailing Address P.O. Box 8277

City State Zip Code  
The Woodlands TX 77387

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Kevin Brady**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 09 / 2015

**Transaction ID : D822**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Friends of Pat Toomey**

Mailing Address 2720 Jordan Road

City State Zip Code  
Orefield PA 18069

Purpose of Disbursement  
Contribution

011

Candidate Name

**Patrick Joseph Toomey**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 25 / 2015

**Transaction ID : D826**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4000.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Endo Pharmaceuticals Inc Political Action Committee (ENDO PAC)**

Full Name (Last, First, Middle Initial)

**A. Ryan Costello for Congress**

Mailing Address P.O. Box 3154

City West Chester State PA Zip Code 19381

Purpose of Disbursement  
Contribution

011

Candidate Name

**Ryan Costello**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 25 / 2015

**Transaction ID : D828**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1000.00

9000.00